



Military Health System

# Health Care Reengineering

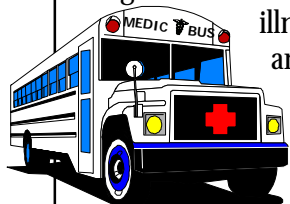


Access to Care Fact Sheet

July 1998

## Battalion Aid Station & Medic Bus

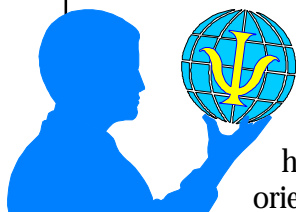
**The Initiative:** Moncrief Army Community Hospital implemented Battalion Aid Stations (BASs) within the Basic Combat Training (BCT) Brigades of Fort Jackson, S.C., to provide for triage and treatment of minor illnesses and injuries that would otherwise have been triaged and treated at the Consolidated Troop Medical Clinic (CTMC). Additionally, a medic bus was dispatched weekly to high sick call concentrated areas to facilitate sick call "on site" and avoid large numbers requiring treatment at the CTMC.



**The Results:** The use of the BASs and medic bus runs have been highly successful in the primary care arena. The number of training days lost decreased by 2,000; a 12 percent return to duty rate was realized for the BASs; the medic bus achieved a 75 percent return to duty rate; and access to care improved. These results were achieved simply by realigning staffing levels; no additional people were brought in.

## Mental Health Outreach Program

**The Initiative:** Naval Hospital Camp Lejeune decided to provide on-site mental health services to the Camp Geiger Marine Corps School of Infantry (SOI). The training schedule there is fast-paced, intense and stressful— leading to over 200 requests for mental health services in 1995. It was not unusual for a patient to wait four to six weeks for a routine mental health evaluation, and students could not train until receiving an evaluation. Students who verbalized suicidal ideation or made suicide gestures or attempts were hospitalized.



The Mental Health Outreach Program addressed these issues: (1) Students reporting mental health concerns on an intake questionnaire are screened that day by staff; (2) A neuropsychiatric technician briefs all students on mental health issues, stress management, and drug/alcohol use during orientation; (3) A neuropsychiatric technician holds supportive group therapy sessions twice a week at the SOI for those students evaluated by mental health and recommended for administrative separation or medical evaluation board processing; (4) All mental health consultations are seen by a Camp Lejeune mental health provider on site at the SOI.

**The Results:** Students accessed care more quickly; waiting time for an appointment was reduced to approximately one week. The number of suicide gestures/attempts was reduced by two-thirds. Overall suicidal incidents declined since the program began. The number of hospitalizations was cut in half. No staff members were added to achieve these results.

## Ideas From The Field



## Home Health Preferred Provider

### **The Recommendation:**

Landstuhl Regional Medical Center's commander signed a preferred provider network agreement with the German Red Cross in Kaiserslautern to provide home health care services to patients who are discharged but require skilled nursing care during convalescence. Services covered include dressing changes, catheter care, IV therapy and procedures requiring skilled delivery. Case managers will monitor and coordinate the care, to include medical supplies.

### **Possible Results:**

The staff expects this service to reduce the average length of stay and to increase patient satisfaction. The program is part of a utilization management strategy, and, if successful, will be extended to other communities in Germany.

*Medicare Subvention sites might consider this program!*

*Have you implemented or are you planning to implement this idea— or something similar? Let us know! We'd like to follow up and share your results!*



### Refilling Prescriptions Over the Internet

#### **The Initiative:**

The pharmacy at Madigan Army Medical Center now offers prescription refills— for scripts originally filled at Madigan— on its Web site, located at [www.mamc.amedd.army.mil/refill.htm](http://www.mamc.amedd.army.mil/refill.htm). Requests received before noon on weekdays are ready for pick-up at the Drive-Thru window after two working days. Submissions received on holidays or after noon on a weekday are ready for pick-up three working days after the date of request. An I.D. card must be presented at the time of pick-up. As a comparison, the National Mail Order Pharmacy takes 7–10 days to fill a script and has a co-pay for non-active duty personnel.

**The Results:** The operation was up and running within two days after it was proposed. During the first week of operation, they received 15 prescription requests.

### Traveling Surgeon Conducts 'Thursday Hospitals'

**The Initiative:** An orthopaedic surgeon from Wilford Hall Medical Center travels to three military facilities within Region 6 to perform ambulatory surgery. Patients do not have to travel to San Antonio, minimizing mission time lost when active duty or family members are referred for specialty care. It promotes effective utilization of resources by reducing pressure on a medical center's busy operating rooms and clinics and using the excess capacity at smaller facilities. The program also benefits the staff at the smaller hospitals; by participating in the program, they have additional opportunities to maintain and improve surgical skills.

**The Results:** During 14 months of operation, the surgeon examined 1,303 patients; performed 121 procedures; saved 1,407 active duty days; and avoided \$623,760 in costs. With total expenses of \$30,297, the net cost avoidance was \$593,463. Additionally, patients avoided co-payments amounting to \$46,726.



### What Is MHS Reengineering?

The Military Health System (MHS) defines reengineering as, "A spectrum of activities from incremental or continuous improvement to radical transformation that critically rethinks and redesigns products and service processes to achieve mission performance gains."

### Why Reengineer?

- Improve quality of care and access to care
- Streamline patient care delivery processes
- Increase satisfaction of patients and staff
- Decrease health care delivery costs
- Provide consistency of benefits
- Improve the completeness and accuracy of information

### Submission of Initiatives

Submissions from the field are critical to the success of the MHS, and everyone is encouraged to participate. Initiatives can be submitted via the World Wide Web, fax, e-mail and regular mail.

### Health Care Reengineering Office Resources

- Best practice information
- Reengineering learning tools
- Displays for conferences & seminars
- World Wide Web site
- Monthly newsletter
- Briefings on reengineering practices & activities

### Contact the HCR Staff

E-mail: [mhshcr@tma.osd.mil](mailto:mhshcr@tma.osd.mil)  
Telephone: 703/681-8830  
Fax: 703/681-8799  
DSN Prefix: 761  
Web: [www.ha.osd.mil/hcr/](http://www.ha.osd.mil/hcr/)

TRICARE Management Activity  
Health Care Reengineering  
5111 Leesburg Pike, Suite 810  
Falls Church, VA 22041-3206